

AUG 26 2004

PTO/SB/82 (09-03)

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Application Number	10/680,148
Filing Date	10/08/2003
First Named Inventor	RICARDO SAIKALI
Art Unit	3728
Examiner Name	?
Attorney Docket Number	3854-002US

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with
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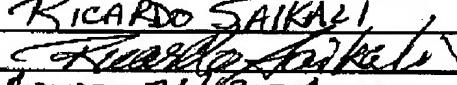
OR

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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	RICARDO SAIKALI		
Signature			
Date	August 26 2004	Telephone	905-403-9642

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 Total of _____ forms are submitted.

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